



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

TANZANIA

The U.S. Government seeks to reduce the impact of the HIV/AIDS in Tanzania, a country with a population of 34.6 million people, 33 percent of which live in urban areas. Prevalence in urban areas is significantly higher than in

rural areas (12.1 percent vs. 4.1 percent), with HIV prevalence highest in adults age 25–34, at 13 percent. Antenatal surveillance trends have shown a decline in HIV prevalence from 10.6 percent in 2001 to 9.6 percent in 2002. A full demographic and health survey is to be completed in 2004.

| HIV/AIDS Epidemic in Tanzania | |
|---|-------------|
| HIV Prevalence in Pregnant Women | 9.6% |
| Estimated Number of HIV-Infected Adults | 1,894,160 |
| Estimated Number of Individuals on Antiretroviral Therapy | 2,000 |
| Estimated Number of AIDS Orphans | 1.1 million |

U.S. GOVERNMENT RESPONSE

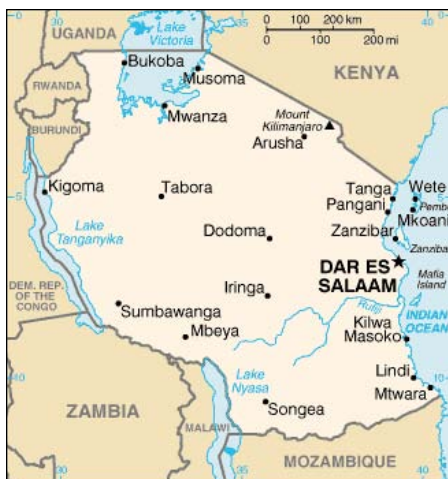
In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Tanzania. Under the Emergency Plan, Tanzania will receive \$45.8 million in 2004 to support a comprehensive treatment, prevention, and care program.

Treatment

The U.S. Government will focus on providing antiretroviral therapy—including treatment for a mother and her baby—at 19 health facilities across the country. Another focus of the program will be investing in improvements to the public sector health infrastructure. This will be done by supporting laboratory services, procuring antiretroviral drugs, and building the capacity of the doctors, nurses, and other staff that administer them.

Prevention

With approximately 60 percent of the population under the age of 25, the U.S. Government program will target youth with messages about abstinence and faithfulness through national mass media campaigns. The program will support mother-to-child HIV transmission prevention activities by supporting “opt-out” counseling and testing and access to antiretroviral therapy for HIV-positive women. U.S. Government funds will also support efforts to prevent HIV transmission via unsafe medical injections, blood transfusions, and targeting marketing of condoms.



Map of Tanzania: PCL Map Collection, University of Texas

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Care

The U.S. Government will support a strong continuum of care that encompasses treatment within a spectrum of services. This includes expanding voluntary counseling and testing, and providing clinical care for non-antiretroviral therapy and support to prevent and manage opportunistic infections, tuberculosis, malaria, and other coinfections that can accompany and complicate HIV infection. The continuum of care will include palliative and home-based care for individuals who have advanced HIV infection and AIDS. The program will also support families and communities that are providing care to orphans and vulnerable children, and will provide a safety net for children who are unable to remain in a family setting.

Other

The U.S. Government program also will generate the kinds of data needed for effective monitoring and evaluation by strengthening surveillance efforts and supporting a study to determine how well respondents understand key questions and concepts related to sexual practices and HIV/AIDS. Crosscutting activities will continue to support human and organizational capacity development and move policies forward in prevention, care, and treatment. Support will be provided to increase leadership and coordination capacities in government, and among networks of faith-based and nongovernmental organizations, and associations of people living with HIV/AIDS. U.S. Government efforts will address stigma through a mix of interventions and will help increase access to information and resultant advocacy efforts. Funds will ensure increased accountability in strategically targeting resources to national priorities for prevention, treatment, and care and support.

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